## PART B - FEE(S) TRANSMITTAL

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|                                                                                                                             |                                                                                                                                                    | •                                                         | ог                                                                                                                                                                                                                                                                                                                                  | Fax (703) 746-4000                                                                                       | rginia 22313-1450                                                                                                                                                                                                                                                                            |                                                                                        |  |  |  |
|-----------------------------------------------------------------------------------------------------------------------------|----------------------------------------------------------------------------------------------------------------------------------------------------|-----------------------------------------------------------|-------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|----------------------------------------------------------------------------------------------------------|----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|----------------------------------------------------------------------------------------|--|--|--|
|                                                                                                                             |                                                                                                                                                    |                                                           | UE FEE and not a) specifying                                                                                                                                                                                                                                                                                                        | PUBLICATION FEE (if re-<br>ification of maintenance fees<br>a new correspondence addre                   | quired). Blocks I through 5 will be mailed to the currer ss; and/or (b) indicating a se                                                                                                                                                                                                      | should be completed when<br>it correspondence address<br>parate "FEE ADDRESS" f        |  |  |  |
|                                                                                                                             | CE ADDRESS (Note: Use Block I As<br>1590 07/15/2004                                                                                                | r any change of address)                                  | PEY                                                                                                                                                                                                                                                                                                                                 | papers. Each addition have its own certification                                                         | Note: A certificate of mailing can only be used for domestic mailings of the Fee(s) Transmittal. This certificate cannot be used for any other accompanying papers. Each additional paper, such as an assignment or formal drawing, much ave its own certificate of mailing or transmission. |                                                                                        |  |  |  |
| Butzel Long<br>350 South Main St<br>Suite 300                                                                               |                                                                                                                                                    | DCT 1                                                     | 2 2004                                                                                                                                                                                                                                                                                                                              | I hereby certify that States Postal Service addressed to the M                                           | ertificate of Mailing or Trac<br>this Foc(s) Transmittal is beli<br>with sufficient postage for fi<br>ail Stop ISSUE FEE addres<br>PTO (703) 746-4000, on the                                                                                                                                | ng deposited with the Unit<br>ast class mail in an envelop<br>a shove or being faction |  |  |  |
| Ann Arbor, MI 48                                                                                                            | 104                                                                                                                                                | B.                                                        | 100                                                                                                                                                                                                                                                                                                                                 | Marilynr                                                                                                 | M. Peterson                                                                                                                                                                                                                                                                                  | (Depositor's name                                                                      |  |  |  |
|                                                                                                                             |                                                                                                                                                    | RADE                                                      | MARK                                                                                                                                                                                                                                                                                                                                | Macel                                                                                                    | ion Heter                                                                                                                                                                                                                                                                                    | (Signature                                                                             |  |  |  |
|                                                                                                                             |                                                                                                                                                    |                                                           |                                                                                                                                                                                                                                                                                                                                     | 10/                                                                                                      | 12/2004                                                                                                                                                                                                                                                                                      | (Date                                                                                  |  |  |  |
| APPLICATION NO.                                                                                                             | FILING DATE                                                                                                                                        |                                                           | FIRST NAME                                                                                                                                                                                                                                                                                                                          | D INVENTOR                                                                                               | ATTORNEY DOCKET NO.                                                                                                                                                                                                                                                                          | CONFIRMATION NO.                                                                       |  |  |  |
| 10/013,984                                                                                                                  | 10/30/2001                                                                                                                                         |                                                           | Hisashi                                                                                                                                                                                                                                                                                                                             | i Takai                                                                                                  | SHC0155                                                                                                                                                                                                                                                                                      | 1945                                                                                   |  |  |  |
| TITLE OF INVENTION: T                                                                                                       | opsheet made of non                                                                                                                                | WOVEN-FABRIC                                              | CUSED IN D                                                                                                                                                                                                                                                                                                                          | ISPOSABLE WEARING AR                                                                                     | TICLE                                                                                                                                                                                                                                                                                        |                                                                                        |  |  |  |
| APPLN. TYPE                                                                                                                 | SMALL ENTITY                                                                                                                                       | ISSUE F                                                   |                                                                                                                                                                                                                                                                                                                                     | PUBLICATION FEE                                                                                          | TOTAL FEE(S) DUE                                                                                                                                                                                                                                                                             | DATE DUE                                                                               |  |  |  |
| nonprovisional                                                                                                              | NO                                                                                                                                                 | \$1330                                                    | <del>,</del> \$1370                                                                                                                                                                                                                                                                                                                 | \$300                                                                                                    | \$1630                                                                                                                                                                                                                                                                                       | 10/15/2004                                                                             |  |  |  |
| EXAM                                                                                                                        | IINER                                                                                                                                              | ART UN                                                    | TT                                                                                                                                                                                                                                                                                                                                  | CLASS-SUBCLASS                                                                                           | 7                                                                                                                                                                                                                                                                                            |                                                                                        |  |  |  |
| ANDERSON, C                                                                                                                 | CATHARINE L                                                                                                                                        | 3761                                                      | •                                                                                                                                                                                                                                                                                                                                   | 604-378000                                                                                               | _                                                                                                                                                                                                                                                                                            |                                                                                        |  |  |  |
| ☐ "Fee Address" indication                                                                                                  | e address or indication of "Fo<br>mee address (or Change of C<br>22) attached.<br>on (or "Fee Address" Indication<br>or more recent) attached. Use | orrespondence                                             | 2. For printing on the patent front page, list  (1) the names of up to 3 registered patent attorneys or agents OR, alternatively,  (2) the name of a single firm (having as a member a registered attorney or agent) and the names of up to 2 registered patent attorneys or agents. If no name is listed, no name will be printed. |                                                                                                          |                                                                                                                                                                                                                                                                                              |                                                                                        |  |  |  |
| 3. ASSIGNEE NAME AND                                                                                                        | RESIDENCE DATA TO BE                                                                                                                               | PRINTED ON T                                              |                                                                                                                                                                                                                                                                                                                                     | •                                                                                                        |                                                                                                                                                                                                                                                                                              |                                                                                        |  |  |  |
| PLEASE NOTE: Unless<br>recordation as set forth in                                                                          | an assignee is identified bei<br>37 CFR 3.11. Completion of                                                                                        | low, no assignee of this form is NOT                      | tata will appe<br>'a substituté fi                                                                                                                                                                                                                                                                                                  | ar on the patent. If an assign<br>or filing an assignment.                                               | ace is identified below, the d                                                                                                                                                                                                                                                               | ocument has been filed for                                                             |  |  |  |
| (A) NAME OF ASSIGNE                                                                                                         |                                                                                                                                                    |                                                           |                                                                                                                                                                                                                                                                                                                                     | E: (CITY and STATE OR CO                                                                                 |                                                                                                                                                                                                                                                                                              |                                                                                        |  |  |  |
| Uni-Charm C                                                                                                                 | orporation                                                                                                                                         |                                                           | Ehime-                                                                                                                                                                                                                                                                                                                              | -ken, Japan                                                                                              |                                                                                                                                                                                                                                                                                              |                                                                                        |  |  |  |
| Please check the appropriate                                                                                                | assignee category or categori                                                                                                                      | ies (will not be pri                                      | nted on the par                                                                                                                                                                                                                                                                                                                     | tent); 🗀 individual 💥 c                                                                                  | orpomtion or other private gre                                                                                                                                                                                                                                                               | oup entity                                                                             |  |  |  |
| 4a. The following fec(s) are c                                                                                              | nclosed:                                                                                                                                           | 41>.                                                      | Payment of F                                                                                                                                                                                                                                                                                                                        |                                                                                                          |                                                                                                                                                                                                                                                                                              |                                                                                        |  |  |  |
| 🖾 Issue Fee                                                                                                                 |                                                                                                                                                    | (                                                         | 🗅 A check in 1                                                                                                                                                                                                                                                                                                                      | the amount of the fee(s) is enc                                                                          | losed.                                                                                                                                                                                                                                                                                       |                                                                                        |  |  |  |
|                                                                                                                             | all entity discount permitted)                                                                                                                     |                                                           |                                                                                                                                                                                                                                                                                                                                     | credit card. Form PTO-2038                                                                               |                                                                                                                                                                                                                                                                                              |                                                                                        |  |  |  |
| ☐ Advance Order - # of C                                                                                                    |                                                                                                                                                    | XI                                                        | The Directi<br>Deposit Accou                                                                                                                                                                                                                                                                                                        | or is hereby authorized by ch<br>ant Number <u>= 12-2136</u>                                             | arge the required fee(s), or c                                                                                                                                                                                                                                                               | redit any overpayment, to                                                              |  |  |  |
| 5. Change in Entity Status (                                                                                                | from status indicated above)                                                                                                                       |                                                           |                                                                                                                                                                                                                                                                                                                                     |                                                                                                          |                                                                                                                                                                                                                                                                                              |                                                                                        |  |  |  |
| a. Applicant claims SM.                                                                                                     | ALL ENTITY status, Sec 37                                                                                                                          | CFR 1.27. (                                               | b. Applicant                                                                                                                                                                                                                                                                                                                        | t is not claiming SMALL ENT                                                                              | ITY status. See, e.g., 37 CFR                                                                                                                                                                                                                                                                | 1.27(g)(2),                                                                            |  |  |  |
| The Director of the USPTO is NOTE: The Issue Fee and Pulinterest as shown by the record                                     | requested to apply the Issue<br>blication Fee (if required) wids<br>ds of the United States Paten                                                  | Fee and Publication If not be accepted to and Trademark C | on Fee (if any)<br>from anyone o                                                                                                                                                                                                                                                                                                    | ) or to re-apply any previously<br>wher than the applicant; a regi                                       | y paid issue fee to the applicat<br>surred attorney or agent; or the                                                                                                                                                                                                                         | ion identified above.                                                                  |  |  |  |
| (Authorized Signage)                                                                                                        | OSa how                                                                                                                                            | (Date)                                                    | 10/12/20                                                                                                                                                                                                                                                                                                                            |                                                                                                          |                                                                                                                                                                                                                                                                                              |                                                                                        |  |  |  |
| This collection of information<br>in application. Confidentially<br>submitting the completed app<br>his form and completed. | is required by 37 CFR 1.311<br>is governed by 35 U.S.C. 1<br>lication form to the USPTO.                                                           | . The information<br>22 and 37 CFR 1.<br>Time will vary d | is required to<br>14. This collect<br>epending upon                                                                                                                                                                                                                                                                                 | obtain or retain a benefit by the<br>ction is estimated to take 12 no<br>in the individual case. Any con | e public which is to file (and innutes to complete, including mments on the amount of tim                                                                                                                                                                                                    | by the USPTO to process) gathering, preparing, and                                     |  |  |  |

This collection of information is required by 37 CFR 1.311. The information is required to obtain or retain a benefit by the public which is to file (and by the USPTO to process) an application. Confidentiality is governed by 35 U.S.C. 122 and 37 CFR 1.14. This collection is estimated to take 12 minutes to complete, including gathering, preparing and submitting the completed application form to the USPTO. Time will vary depending upon the individual case. Any comments on the amount of time you require to complete this form and/or suggestions for reducing this burden, should be sent to the Chief Information Officer, U.S. Patent and Trademark Office, U.S. Department of Commence, P.O. Box 1450, Alexandria, Virginia 22313-1450. DO NOT SEND FEES OR COMPLETED FORMS TO THIS ADDRESS. SEND TO: Commissioner for Patents, P.O. Box 1450, Alexandria, Virginia 22313-1450.

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|                                                                         | TRANSMISSION BY FAC<br>AKAI, et al                      | CSIMILE (37 CFR 1.8)                                                                                        | Docket No.<br>121027-0080 |  |  |  |
| Application No.<br>10/013,984                                           | Filing Date<br>10/30/2001                               | Examiner Group Art Ur Catharine L. ANDERSON 3761                                                            |                           |  |  |  |
| Invention: TOPSHEET MADE OF N                                           | ONWOVEN FABRIC USED IN                                  | DISPOSABLE WEARING ARTICL                                                                                   | Æ                         |  |  |  |
| I hereby certify that this is being facsimile transmion 10/12/20 (Date) | and Fee Transmittal itted to the United States Paten 04 | Marilynn M. Peterse  (Typed or Printed Name of Person Signal (Signature)  e its own certificate of mailing. | )3.746.4000 )             |  |  |  |
|                                                                         |                                                         |                                                                                                             |                           |  |  |  |

| TRANSMIT                                                            | TAL OF PAYMI<br>(37/C                                                    | E <b>XT PIEIS</b> SUE I<br>.F.R. 1.311%                        | C FEE (Large Entity) Docket No. 121027-6080 |                                         |                                                                                        |                                       |  |
|---------------------------------------------------------------------|--------------------------------------------------------------------------|----------------------------------------------------------------|---------------------------------------------|-----------------------------------------|----------------------------------------------------------------------------------------|---------------------------------------|--|
| Applicant(s): Hisash                                                | i TAKAI, et al                                                           | OCT 1 2 2004                                                   |                                             |                                         | -1                                                                                     |                                       |  |
| Application No.<br>10/013,984                                       | Filing Date 10/30/2001                                                   | A SEXAMINE ANI                                                 | er<br>DERSON                                | Customer No.<br>35684                   | Group Art Unit<br>3761                                                                 | Confirmation N<br>1945                |  |
| Invention: TOPSHEET MADE                                            | OF NONWOVEN                                                              | FABRIC USED IN I                                               | DISPOSABL:                                  | E WEARING A                             | RTICLE                                                                                 |                                       |  |
|                                                                     |                                                                          | COMMISSIONE                                                    | ox 1450                                     |                                         |                                                                                        |                                       |  |
|                                                                     | smittal Form PTOL                                                        | or the above-identifi<br>85<br>Design Fee:                     | ed application                              | _                                       | Plant Foot                                                                             |                                       |  |
| Publication Fee                                                     | e: \$ 300.00                                                             | - is attac                                                     | hed.                                        |                                         | Plant Fee:                                                                             |                                       |  |
| as described be<br>⊠ Char                                           |                                                                          | to charge and credit<br>\$1,670.00                             | t Deposit Acc                               | count No.                               | 12-213                                                                                 | 6                                     |  |
|                                                                     | it any overpayment<br>ge any additional fe                               |                                                                |                                             |                                         |                                                                                        |                                       |  |
| ☐ Payment by cre                                                    | edit card. Form PTC                                                      | 0-2038 is attached.<br>form may become predit card information | public. Cred<br>tion and aut                | lit card inform<br>thorization on       | ation should n<br>PTO-2038.                                                            | ot be                                 |  |
| Michael S. G.                                                       | Signature                                                                |                                                                | Dated:                                      | 10/12/2004                              |                                                                                        |                                       |  |
|                                                                     |                                                                          | ·                                                              |                                             |                                         |                                                                                        |                                       |  |
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|                                                                     | ite of Transmission by<br>ificate may only be use<br>by deposit account. |                                                                |                                             | Certificate of Ma                       | iling by First Clas                                                                    | s Mail                                |  |
| I certify that this do<br>account is being<br>and Trademark O<br>on | cument and authorizat<br>acsimile transmitted t<br>ffice (Fax 70)        | on to charge deposit<br>to the United States<br>3.746.4000 )   | with the U                                  | nited States Posta<br>mail in an envelo | correspondence is<br>al Service with suffi<br>pe addressed to "C<br>exandria, VA 2231: | icient postage as<br>Commissioner for |  |
| 10/12/2004<br>Date                                                  | -<br>Do                                                                  |                                                                | 1.8                                         | (Dete)                                  |                                                                                        |                                       |  |
|                                                                     | Signature  Aarilyno M. Peterso  Name of Person Signing                   |                                                                | ļ                                           |                                         | n Mailing Correspon                                                                    |                                       |  |
|                                                                     |                                                                          | pht Time] * SVR:USPTO-EF)                                      |                                             |                                         | Person Mailing Cor.<br>5 1777 * DURATION (n                                            |                                       |  |

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1001 770

Fee Description

2001 385 Utility filing fee

or number previously paid, if greater, For Reissues, see above

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SUBTOTAL (3)

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| FEE TRANSI                                                                                                            | Ţ                                        | Complete If Known        |               |              |                      |                                  |                                                                      |          |
|-----------------------------------------------------------------------------------------------------------------------|------------------------------------------|--------------------------|---------------|--------------|----------------------|----------------------------------|----------------------------------------------------------------------|----------|
|                                                                                                                       | <b>`</b>                                 | Application Number       |               |              | nber                 | 10/013,984                       | •                                                                    |          |
| for FY 20                                                                                                             |                                          | Filing Date              |               |              | 10/30/2001           |                                  |                                                                      |          |
| Effective 10/01/2003. Patent fees are sub                                                                             |                                          | First Named Inventor     |               | entor        | Hisashi TAKAI, et al |                                  |                                                                      |          |
| Applicant claims small entity status,                                                                                 | See 37 CFR 1.                            | 27                       | Examiner Name |              |                      |                                  | Catharine L. ANDERSON                                                |          |
|                                                                                                                       |                                          |                          | Art Unit      |              |                      | 3761                             |                                                                      |          |
| TOTAL AMOUNT OF PAYMENT                                                                                               | (\$) \$1,67                              | 0.00 Attorney Docket No. |               |              | ocket                | No.                              | 121027-080                                                           |          |
| METHOD OF PAYMENT (c)                                                                                                 | METHOD OF PAYMENT (check all that apply) |                          |               |              |                      | EE CA                            | ALCULATION (continued)                                               |          |
| Check Credit card Money Credit Card Order Corder                                                                      |                                          | DDITION Fee              |               | FEES         | 1                    |                                  | ····                                                                 |          |
| Deposit<br>Account<br>Number 12-2136                                                                                  | 12-2136                                  |                          |               | Code<br>2051 | (\$)                 | Surch                            | Fee Description<br>arge - late filing fee or cath                    | Fee Paid |
| Deposit Account Name BUTZEL LON                                                                                       | ٧G                                       | 1052<br>1053             |               |              |                      | sheet                            | arge - late provisional filing fee or cover<br>English specification |          |
| The Director is authorized to: (check all that                                                                        | apply)                                   | 1812                     | 2,520         | 1812         |                      |                                  | ng a request for ex parte reexamination                              |          |
| Charge fee(s) indicated below Credit any overpayments                                                                 |                                          |                          | 920*          | 1804         | 920*                 | Reque                            | eting publication of SIR prior to Examiner                           |          |
| Charge any additional foo(s) or any underpayment of fee(s)  Charge fee(s) Indicated below, except for the filling fee |                                          |                          | 1,840*        | 1805         | 1.840 <sup>±</sup>   | Reque<br>action                  | sting publication of SIR after Examiner                              | []       |
| to the above-identified deposit account.                                                                              | 1251                                     | 110                      | 2251          | 55           | Extens               | ion for reply within first month |                                                                      |          |
| FEE CALCULATION                                                                                                       |                                          |                          | 420           | 2252         | 210                  | Extens                           | ion for reply within second month                                    |          |
| 1. BASIC FILING FEE                                                                                                   |                                          |                          | 950           | 2253         |                      |                                  | ion for reply within third month                                     |          |
| Large Entity   Small Entity                                                                                           |                                          |                          | 1,480         | 2254         | 740                  | Extensi                          | ion for reply within fourth month                                    |          |

| 1002 340                             | 1 2002 1/1                                   | n nesign mind w                  | 3 <del>0</del> |          | 1402  | 000    | 2402    | 103                                   | unit a cust in subbou or au sbbest                                     |          |
|--------------------------------------|----------------------------------------------|----------------------------------|----------------|----------|-------|--------|---------|---------------------------------------|------------------------------------------------------------------------|----------|
| 1003 530                             | 2003 265                                     | Plant filing fee                 |                |          | 1403  | 290    | 2405    | 145                                   | Request for oral hearing                                               |          |
| 1004 770                             | 2004 385                                     | Reissue filing                   | fee 🗀          |          | 1451  | 1,510  | 1451    | 1,510                                 | Petition to institute a public use proceeding                          |          |
| 1005 160                             | 2005 80                                      | Provisional fili                 | ng foe         |          | 1452  | 110    | 2452    | 55                                    | Petition to revive - unavoidable                                       |          |
|                                      | SUBTOTAL (1) (\$)                            |                                  |                | 1453     | 1,330 | 2453   | 665     | Petition to revive - unintentional    |                                                                        |          |
| 2. EXTR                              | A CLAIM FI                                   | EES FOR UTI                      | ITY AND        |          | 1501  | 1,330  | 2501    | 665                                   | Utility issue fee (or reissue)                                         | 1,370,00 |
| ł                                    | 2. EXTRA CLAIM FEES FOR UTILITY AND Fee from |                                  |                |          | 1502  | 480    | 2502    | 240                                   | Design Issue fee                                                       |          |
| Total Claims                         | Extra (                                      |                                  | below          | Fee Paid | 1503  | 640    | 2503    | 320                                   | Plant issue fee                                                        | -        |
| Independent                          |                                              |                                  | <u></u> -      |          | 1460  | 130    | 1460    | 130                                   | Petitions to the Commissioner                                          | $\vdash$ |
| Claims = 0.00   Multiple Dependent = |                                              |                                  |                | 1807     | So    | 1807   | 50      | Processing fee under 37 CFR § 1.17(q) |                                                                        |          |
| Large Entity                         | Small Enti                                   |                                  | antadia.       |          | 1806  | 180    | 1806    | 180                                   | Submission of Information Disclosure Statement                         |          |
| Code (\$)                            |                                              | ree oes                          | cription       |          | 8021  | 40     | 8021    | 40                                    | Recording each patent assignment per property                          |          |
| 1202 18                              | 2202 9                                       | Claims in exce                   | ss of 20       |          | 1809  | 770    | 2809    |                                       | (times number of properties) Filing a submission after final rejection |          |
| 1201 86                              | 2201 43                                      | Independent ci                   | aims in exc    | ess of 3 |       |        |         |                                       | (37 CFR § 1,129(a))                                                    |          |
| 1203 290                             |                                              | Multiple depen                   |                |          | 1810  | 770    | 2810    | 385                                   | For each additional invention to be examined (37 CFR § 1.129(b))       |          |
| 1204 86                              | 2204 43                                      | ** Reissue inde<br>over original |                | eims     | 1801  | 770    | 2801    |                                       | Request for Continued Examination (RCE)                                |          |
| 1205 18                              | 2205 9                                       | ** Reissue clali                 | ms in exces    | s of 20  | 1802  | 900    | 1802    | 900                                   | Request for expedited examination<br>of a design application           |          |
| and over original patent             |                                              |                                  |                |          |       | fee (s | pecify) | PUB                                   | LICATION FEE                                                           | 300.00   |
|                                      | SUB                                          | STOTAL (2)                       | (\$)           | \$0.00   |       |        |         |                                       |                                                                        |          |

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SUBMITTED BY

Name (Print/Type)

Michael S. Gzybowski Registration No. (Attorney/Agent)

Signature

Campleto (# applicable)

734.995.3110

Date

10/12/2004

\*Reduced by Basic Filing Fee Paid

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